

**APPLICATION FOR CONCEALED HANDGUN PERMIT**

COMMONWEALTH OF VIRGINIA

VIRGINIA CODE §18. 2-308

<b>RESIDENT PERMIT</b>	<input type="checkbox"/>
<b>NONRESIDENT PERMIT</b>	<input type="checkbox"/>
SEE (3) NOTICE TO APPLICANT, PAGE 5	

ISSUING AGENCY \_\_\_\_\_

FILE NO. \_\_\_\_\_

Original ☐Renewal ☐

1. Name: \_\_\_\_\_  

First
Middle
Last

(Attach a separate listing of any additional names you may have used or been known by.)
2. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  

Month
Day
Year
3. Social Security Number: \_\_\_\_\_  

(See (1) Notice to Applicant found at page 5 of this application.)
4. Physical Features: Sex: \_\_\_\_ Race: \_\_\_\_ Height: \_\_\_\_ Weight: \_\_\_\_ Eye Color: \_\_\_\_ Hair Color: \_\_\_\_  
 Scars, Marks, Tattoos, Peculiar Characteristics: \_\_\_\_\_
5. Home Address: \_\_\_\_\_  

Street Address/Rural Route Address

 City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Length of Residence at Above Address: \_\_\_\_\_  

(Attach a separate listing of all addresses of other residences within the last 5-year period.)
6. Place of Birth: \_\_\_\_\_  

Locality/State/Nation
7. Telephone Number: Work: \_\_\_\_\_ Home: \_\_\_\_\_
8. Attach a photocopy of the documentation that demonstrates your competence with a handgun (not necessary in instances of renewal unless the previous permit has been revoked for cause).
9. Have you ever been convicted of an offense, which would be considered either a felony or misdemeanor?  
 (Include convictions of driving under the influence and/or any offense for which you were convicted as a juvenile, which would have been a felony if committed by an adult.)  
☐ YES If yes, complete Form #1, Part B., (found at page 3 of this application). ☐ NO
10. Have you been committed to the custody of the Commissioner of Mental Health, Mental Retardation, and Substance Abuse or a similar agency or department in another state?  
☐ YES If yes, complete Form #2, Part A., (found at page 3 of this application). ☐ NO
11. Have you been adjudicated legally incompetent or mentally incapacitated by a court of Virginia or any other court?  
☐ YES If yes, complete Form #2, Part B., (found at page 3 of this application). ☐ NO
12. Have you been involuntarily committed to a mental institution?  
☐ YES If yes, complete Form #2, Part C., (found at page 3 of this application). ☐ NO
13. Have you received mental health treatment or substance abuse treatment in a residential setting within the five years prior to the date of this application?  
☐ YES ☐ NO

14. Are you subject to a restraining order, or a protective order?  
☐ YES If yes, complete Form #3, (found at page 3 of this application). ☐ NO
15. Are you addicted to, or a user or distributor of marijuana or any controlled substance? ☐ YES ☐ NO
16. Are you an alien not lawfully admitted for permanent residence in the United States? ☐ YES ☐ NO
17. Have you been discharged from the armed forces of the United States under dishonorable conditions?  
☐ YES ☐ NO
18. Are you a fugitive from justice? ☐ YES ☐ NO
19. Do you have any criminal charge pending?  
☐ YES IF THE ANSWER IS YES, COMPLETE FORM # 1, PART A (FOUND AT PAGE 3 OF THIS APPLICATION). ☐ NO
20. Have you, *within the three-year period immediately preceding the date of this application*, either 1) been found guilty of any drug-related criminal offense as set forth in Article 1 (§ 18.2-247 *et seq.*) of Chapter 7 of Title 18.2 or of a criminal offense for the illegal possession or distribution of marijuana or any controlled substance under the laws of Virginia, any other state, the District of Columbia, or the United States or its territories; or 2) been charged with any offense enumerated in this paragraph and the trial court found the facts of the case were sufficient for a finding of guilt and disposed of the case pursuant to § 18.2-251 or substantiality similar law of Virginia, any other state, the District of Columbia, or the United States or its territories?  
☐ YES IF THE ANSWER IS YES, COMPLETE FORM # 1, PART A (FOUND AT PAGE 3 OF THIS APPLICATION). ☐ NO
21. Complete fingerprint cards may be required with this application for submission to the Central Criminal Records Exchange and to the Federal Bureau of Investigation, for criminal history background checks to be conducted.

I, THE UNDERSIGNED, AFFIRM THAT THE INFORMATION CONTAINED IN THIS APPLICATION AND IN ANY ATTACHMENTS TO THIS DOCUMENT ARE BOTH CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE. THE WILLFUL MAKING OF A FALSE STATEMENT IN THIS APPLICATION CONSTITUTES PERJURY AND IS PUNISHABLE IN ACCORDANCE WITH § 18.2-434 OF THE CODE OF VIRGINIA.

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 MONTH DAY YEAR

\_\_\_\_\_  
 APPLICANT'S SIGNATURE

COMMONWEALTH OF VIRGINIA, ☐ CITY ☐ COUNTY OF \_\_\_\_\_ TO WIT:

ACKNOWLEDGED, SUBSCRIBED AND SWORN TO BEFORE ME ON

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 MONTH DAY YEAR

\_\_\_\_\_  
 NOTARY PUBLIC

MY COMMISSION EXPIRES: \_\_\_\_\_

**PART A**DESCRIBE THE CRIMINAL **CHARGE** AGAINST YOU: \_\_\_\_\_

DATE OF CHARGE: \_\_\_\_\_ COUNTY, CITY AND STATE OF CHARGE: \_\_\_\_\_

CURRENT STATUS OF CHARGE: \_\_\_\_\_

**PART B**DESCRIBE THE CHARGE FOR WHICH YOU WERE **CONVICTED**: \_\_\_\_\_

DATE OF CONVICTION: \_\_\_\_\_ COUNTY, CITY AND STATE OF CONVICTION: \_\_\_\_\_

TO PROVIDE ADDITIONAL INFORMATION USE A PIECE OF PLAIN PAPER.

**FORM #2****PART A****COMMITMENTS TO THE COMMISSIONER OF MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE OR SIMILAR AGENCY:**

WHEN WERE YOU COMMITTED TO THE CUSTODY OF THE COMMISSIONER OF MENTAL HEALTH, MENTAL RETARDATION, AND SUBSTANCE ABUSE OR SIMILAR AGENCY? DATE: \_\_\_\_\_

NAME OF COURT WHICH ENTERED THE ORDER: \_\_\_\_\_

LOCATION OF COURT: \_\_\_\_\_

(INCLUDE STREET ADDRESS, CITY, COUNTY AND STATE)

WHEN WERE YOU RELEASED FROM THE CUSTODY OF THE COMMISSIONER OF MENTAL HEALTH, MENTAL RETARDATION, AND SUBSTANCE ABUSE OR SIMILAR AGENCY? DATE: \_\_\_\_\_

**PART B****ADJUDICATION OF LEGAL INCOMPETENCE OR MENTAL INCAPACITATION:**

WHEN WERE YOU ADJUDICATED LEGALLY INCOMPETENT OR MENTAL INCAPACITATED? DATE: \_\_\_\_\_

NAME OF COURT WHICH ENTERED THE ORDER: \_\_\_\_\_

LOCATION OF THIS COURT: \_\_\_\_\_

(INCLUDE STREET ADDRESS, CITY, COUNTY AND STATE)

HAS YOUR COMPETENCY OR CAPACITY BEEN RESTORED? \_\_\_\_\_

NAME OF COURT WHICH ENTERED THE ORDER: \_\_\_\_\_

DATE OF ORDER: \_\_\_\_\_

**PART C****INVOLUNTARY COMMITMENTS:**

WHEN WERE YOU INVOLUNTARILY COMMITTED TO A MENTAL INSTITUTION? DATE: \_\_\_\_\_

NAME OF COURT WHICH ENTERED THE ORDER: \_\_\_\_\_

LOCATION OF COURT: \_\_\_\_\_

(INCLUDE STREET ADDRESS, CITY, COUNTY AND STATE)

DATE OF YOUR RELEASE FROM THIS INVOLUNTARY COMMITMENT: \_\_\_\_\_

NAME AND ADDRESS OF COURT THAT ENTERED THIS ORDER OF RELEASE: \_\_\_\_\_

(INCLUDE NAME, STREET ADDRESS, CITY, COUNTY AND STATE)

**FORM #3**

DATE THE RESTRAINING OR PROTECTIVE ORDER WAS ISSUED: \_\_\_\_\_

NAME OF COURT WHICH ENTERED THE ORDER: \_\_\_\_\_

LOCATION OF COURT: \_\_\_\_\_

(INCLUDE STREET ADDRESS, CITY, COUNTY AND STATE)

**ATTACH A COPY OF THE RESTRAINING OR PROTECTIVE ORDER TO THIS APPLICATION**

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**CRIMINAL BACKGROUND INVESTIGATION**

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(THIS SPACE FOR LAW ENFORCEMENT AGENCY ONLY)

YES

NO

☐☐

PENDING CHARGES

☐☐

CONVICTIONS

IF YES, SEE ATTACHMENT(S)

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MONTH DAY YEAR

\_\_\_\_, OFFICER

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(THIS SPACE FOR COURT USE ONLY)

PERMIT FILE NO. \_\_\_\_\_

CIRCUIT COURT \_\_\_\_\_

APPLICATION OF \_\_\_\_\_ FOR A CONCEALED HANDGUN PERMIT IS HEREBY:

☐

GRANTED

☐

DENIED (SEE EXPLANATION BELOW)

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MONTH DAY YEAR

\_\_\_\_, JUDGE

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(THIS SPACE FOR STATE POLICE USE ONLY)

PERMIT FILE NO. \_\_\_\_\_

APPLICATION OF \_\_\_\_\_ FOR A CONCEALED HANDGUN PERMIT IS HEREBY:

☐

GRANTED

☐

DENIED (SEE EXPLANATION BELOW)

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MONTH DAY YEAR

\_\_\_\_, SUPERINTENDENT  
OR DESIGNEE

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The permit application is denied on the basis of the following:

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See (4) Notice to Applicant on page 5.

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### **(1) NOTICE TO APPLICANT**

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THIS INFORMATION IS PROVIDED PURSUANT TO THE GOVERNMENT DATA COLLECTION AND DISSEMINATION PRACTICES ACT (SECTION 2.2-3800 ET SEQ). VIRGINIA CODE SECTION 2.2-3800 (C) (10) PROVIDES THAT AN AGENCY SHALL NOT COLLECT PERSONAL INFORMATION EXCEPT AS EXPLICITLY OR IMPLICITLY AUTHORIZED BY LAW. PURSUANT TO VIRGINIA CODE SECTION 2.2-3803 (A), IT IS UNLAWFUL FOR AN AGENCY TO REQUIRE AN INDIVIDUAL TO DISCLOSE OR FURNISH HIS SOCIAL SECURITY NUMBER FOR ANY PURPOSE IN CONNECTION WITH ANY ACTIVITY, OR TO REFUSE ANY SERVICE, PRIVILEGE OR RIGHT TO AN INDIVIDUAL WHOLLY OR PARTLY BECAUSE THE INDIVIDUAL DOES NOT DISCLOSE SUCH NUMBER, UNLESS THE DISCLOSURE OR FURNISHING OF SUCH NUMBER IS SPECIFICALLY REQUIRED BY FEDERAL OR STATE LAW. THE CLERK OF COURT MAY WITHHOLD FROM PUBLIC DISCLOSURE THE SOCIAL SECURITY NUMBER CONTAINED IN A PERMIT APPLICATION IN RESPONSE TO A REQUEST TO INSPECT OR COPY ANY SUCH APPLICATION EXCEPT THAT THE SOCIAL SECURITY NUMBER SHALL NOT BE WITHHELD FROM ANY LAW-ENFORCEMENT OFFICER ACTING IN THE PERFORMANCE OF HIS OFFICIAL DUTIES. THE SOCIAL SECURITY NUMBER IS NOT MADE PART OF ANY PUBLIC RECORD BY THE DEPARTMENT OF STATE POLICE. DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER IN THE COMPLETION OF THIS APPLICATION IS NOT MANDATORY.

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### **(2) NOTICE TO APPLICANT**

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RESIDENT AND NONRESIDENT CONCEALED HANDGUN PERMITS ARE VALID FOR 5 YEARS FROM THE DATE OF ISSUANCE. THE PERSON ISSUED THE PERMIT SHALL HAVE SUCH PERMIT ON HIS OR HER PERSON AT ALL TIMES DURING WHICH HE OR SHE IS CARRYING A CONCEALED HANDGUN. IN ORDER TO MAINTAIN YOUR AUTHORIZATION, APPLICATIONS FOR PERMIT RENEWAL SHOULD BE SUBMITTED TO THE ISSUING AGENCY AT LEAST 45 DAYS PRIOR TO THE DATE OF EXPIRATION.

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### **(3) NOTICE TO APPLICANT**

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COMPLETE AND NOTARIZED APPLICATIONS FOR NONRESIDENT PERMITS SHALL BE FORWARDED TO THE VIRGINIA STATE POLICE, FIREARMS TRANSACTION CENTER, POST OFFICE BOX 85608, RICHMOND, VIRGINIA, 23285-5608, ALONG WITH OTHER DOCUMENTATION AS AUTHORIZED BY STATUTE. SPECIFIC APPLICATION INFORMATION AND INSTRUCTION IS PROVIDED AT THE VIRGINIA STATE POLICE WEB SITE, [WWW.VIRGINIATROOPER.ORG/](http://WWW.VIRGINIATROOPER.ORG/), OR TELEPHONE (804) 674-2675.

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### **(4) NOTICE TO APPLICANT**

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VIRGINIA RESIDENT APPLICANTS: ANY PERSON DENIED A PERMIT TO CARRY A CONCEALED HANDGUN MAY PRESENT A PETITION FOR REVIEW TO THE COURT OF APPEALS. THE PETITION FOR REVIEW SHALL BE FILED WITHIN 60 DAYS OF THE EXPIRATION OF THE TIME FOR REQUESTING AN ORE TENUS HEARING PURSUANT TO SUBSECTION I OF SECTION 18.2-308 ,OR IF AN ORE TENUS HEARING IS REQUESTED, WITHIN 60 DAYS OF THE ENTRY OF THE FINAL ORDER OF THE CIRCUIT COURT FOLLOWING THE HEARING. THE PETITION SHALL BE ACCOMPANIED BY A COPY OF THE ORIGINAL PAPERS FILED IN THE CIRCUIT COURT, INCLUDING A COPY OF THE ORDER OF THE CIRCUIT COURT DENYING THE PERMIT. SUBJECT TO THE PROVISIONS OF SECTION 17.1-410 B, THE DECISION OF THE COURT OF APPEALS OR JUDGE SHALL BE FINAL. NOTWITHSTANDING ANY OTHER PROVISION OF LAW, IF THE DECISION TO DENY THE PERMIT IS REVERSED UPON APPEAL, TAXABLE COSTS INCURRED BY THE PERSON SHALL BE PAID BY THE COMMONWEALTH.

NONRESIDENT APPLICANTS: YOU MAY CONTACT THE VIRGINIA STATE POLICE, FIREARMS TRANSACTION CENTER (FTC), TO DISCUSS THE INELIGIBLE DETERMINATION AND/OR TO PROVIDE ADDITIONAL INFORMATION DEEMED PERTINENT TO THE FINAL DETERMINATION OF ELIGIBILITY AT (804) 674-2675, OR WRITE TO THE FTC AT POST OFFICE BOX 85608, RICHMOND, VIRGINIA 23285-5608, OR EMAIL [FIREARMS@VSP.STATE.VA.US](mailto:FIREARMS@VSP.STATE.VA.US).